PTO/SB/82 (01-06)

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## **REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS**

Application Number 10/721,223 Filing Date November 26, 2003 First Named Inventor Jean-Francois SAVARIA Art Unit 1795 **Examiner Name** CREPEAU, Jonathan Attorney Docket Number 1062740

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| Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) |                              |                          |                           |  |                                     |  |  |
|   | SIGNATUF                     | RE of Applicar           | nt or Assignee o          | of Record  |                                     |  |  |
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| signature is required, see below.   | itors or assignees of record | I of the entire interest | or their representative(s | s) are required. Subm  | nit multiple forms if more than one |  |  |
| *Total of 4forms are submitted.   |                              |                          |                           |  |                                     |  |  |

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| First Named Inventor   | Jean-François SAVARIA |
| Art Unit               | 1795                  |
| Examiner Name          | CREPEAU, Jonathan     |
| Attorney Docket Number | 1062740               |

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| Appli   | licant/Invent  | tor.   |   |                 |               |                |                 |                             |
| ☑ Assig<br>State  | gnee of recomment under  | ord of the entire inter<br>or 37 CFR 3.73(b) is  | erest, See 37 Cf<br>enclosed. (Forn     | FR 3.7<br>n PTO | 1.<br>/SB/96) |                |                 |                             |
|   |  | SIGNATUR   | RE of Applicant                         | or As           | signee c      | f Record       | <u></u>         |                             |
| Signature   | <u> </u>   | kn le  | encen                                   |                 |               |                |                 |                             |
|   | John Lussier   |  |   |                 |               |                |                 | <del></del>                 |
| Date  |  | 8-05-2   |   | 1               | elephone      | 1150           | 514 - Z         | 87-3369                     |
| NOTE: Signatures<br>signature is require  | of all the invented, see below*.   | itors or assignees of record i   | of the entire interest or               | r their rep     | resentative(s | ) are required | I. Subnát multi | iple forms if more than one |
| *Total of 4 forms are submitted.  |  |  |   |                 |               |                |                 |                             |

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